Liaison psychiatry

Liaison psychiatry is a sub-specialty of general psychiatry. Liaison psychiatrists provide psychiatric care to medical patients. These include those attending emergency departments, general hospital in and out patients, and increasingly patients being seen in community and primary care medical services.

This page provides useful information on the nature of the work, the common procedures/interventions, sub-specialties and other roles that may interest you.

Nature of the work

Liaison psychiatry is sometimes known as consultation-liaison psychiatry and increasingly as psychological medicine. It's a young and rapidly growing psychiatric sub-specialty.

Liaison psychiatrists work with physically ill people and with the staff who care for them. This poses special challenges and requires expertise in managing multi-morbidity [2] and in working with clinical staff in other specialties.

Most liaison psychiatrists treat working age adults? (aged 18 to 65) although there are also old age liaison posts. Increasingly however services are providing an ?ageless service? that sees all adults whatever their age. There are also a small but increasing number of specialist child and adolescent posts. A significant part of the work of a liaison psychiatry service will be to provide teaching and training, both formal and informal, to general hospital colleagues on the recognition and basic management of mental health problems that arise in the hospital setting.

If you specialise in liaison psychiatry, you are likely to be based in a general or acute hospital, rather than in a psychiatric hospital.

If you like to use you hard earned medical knowledge and skills and also like working in a general hospital setting, then liaison psychiatry may be a career for you.

*I treat patients with delirium, dementia and severe depression. They often have multiple and severe physical and mental health problems?. Jude Harrison, Clinical Academic Training Fellow in Psychiatry based in Wales

Read Jude?s story [3]

Common procedures/interventions

Most liaison psychiatrists provide a service across three broad areas of the hospital:

- the emergency department
• hospital wards
• outpatient clinics

In the emergency department, liaison psychiatrists work closely with emergency medicine consultants and other clinicians to assess and treat people who have presented with psychiatric disorders. These range from acute psychosis to self-harm and drug and alcohol related problems. There is an increasing emphasis on the combined medical and psychiatric management of frequently attending patients with complex multimorbidity.

On the hospital wards liaison psychiatrists see patients with a wide range of psychiatric disorders. They may provide individual assessment and treatment or may advise medical and nursing staff on how to manage the patient. Most liaison psychiatrists will treat some older adults, where skills in assessing and managing confusional states and dementia are also important.

They also establish the right treatment for someone who may have multiple health problems and may be taking several medications. The person’s home setting, safety and independence must all be considered as well as decisions about medication and follow-up.

Increasingly liaison psychiatrists see patients in outpatient and community settings, either in dedicated clinics or in conjunction with other specialists in their clinics. They also work in primary care.

Liaison psychiatrists must be ready to offer assessment and treatment to people with any psychiatric disorder. Commonly encountered problems and disorders are self-harm, delirium, depression, anxiety, acute psychosis, addictions and dementia. They also see people with medically unexplained symptoms, neuropsychiatric disorders, perinatal mental health problems, eating disorders and almost any other psychiatric disorder.

Want to learn more?

Find out more about:

• the working life [4] of someone in liaison psychiatrist
• the entry requirements [5] and training and development [6]
• a first-hand account of life in liaison psychiatry [3]

• Pay and conditions

Expand / collapse

This section provides useful information about the pay for junior doctors (doctors in training), SAS doctors (specialty doctors and associate specialists) and consultants.

The current pay scales for doctors can be found on the BMA [7] and NHS Careers [8] [9] website.

NHS employers [10] provides useful advice and guidance on all NHS pay, contracts terms and conditions.

Medical staff working in private sector hospitals, the armed services or abroad will be paid on different scales.

• Where the role can lead

Expand / collapse
Read about consultant and non-consultant roles in liaison psychiatry, flexible working and about wider opportunities.

**Consultant roles**

You can apply for consultant roles six months prior to achieving your Certificate of Completion of Training [11] (CCT [12]). You will receive your CCT [12] at the end of your psychiatry training.

Managerial opportunities for consultants include:

- clinical lead - lead NHS consultant for the team
- clinical director - lead NHS consultant for the department
- medical director - lead NHS consultant for the Trust

Most NHS consultants will be involved with clinical and educational supervision of junior doctors.

Here are some examples of education and training opportunities:

- director of medical education - the NHS consultant appointed to the hospital board who is responsible for the postgraduate medical training in a hospital. They work with the postgraduate dean to make sure training meets GMC standards.
- training programme director - the NHS consultant overseeing the education of the local cohort of trainee doctors eg foundation training [13] programme director. This role will be working within the HEE local office/deanery
- associate dean - the NHS consultant responsible for management of the entirety of a training programme. This role will be also be working within the HEE local office/deanery

**SAS doctor roles**

SAS doctors (Staff, Associate Specialists and Specialty Doctors) work as career grade specialty doctors who are not in training or in consultant posts. You will need at least four postgraduate years training (two of those being in a relevant specialty) before you can apply for SAS roles.

Further information on the SAS doctor role [14]is on this site.

**Other non-training grade roles**

These roles include:

- trust grade
- clinical fellows

**Academic pathways**

If you have trained on an academic psychiatry pathway or are interested in research there are opportunities in academic medicine. However, opportunities with psychiatry are fairly limited. Academic psychiatrists make up 7.6% of the total medical academic workforce. There has been a 33% decrease in the number of academic psychiatrists between 2000 and 2013. 11% of the total medical workforce are academics, meaning that psychiatry is under-represented. (CfWI 2014).

For those with a particular interest in research, you may wish to consider an academic career in psychiatry. Whilst not essential, some doctors start their career with an academic foundation post. Entry is highly competitive. This enables them to develop skills in research and teaching alongside the basic competences in the foundation curriculum [15].
Entry into an academic career would usually start with an Academic Clinical Fellowship (ACF) at ST1-2 and may progress to a Clinical Lectureship (CL) at ST3 and beyond. Alternatively some trainees that begin with an ACF post then continue as an ST trainee on the clinical programme post-ST4.

After completion of the academic foundation trainees can then apply for academic core training posts (instead of normal core training). A PhD is often taken, either during core or specialty training. Applications for entry into Academic Clinical Fellow posts are coordinated by the National Institute for Health Research Trainees Coordinating Centre (NIHRTCC). Further information can be found on the National Institute for Health Research website. [16]

There are also numerous opportunities for trainees to undertake research outside of the ACF/CL route, as part of planned time out of their training programme. Find out more about academic medicine. [17]

The Clinical Research Network (CRN) actively encourages all doctors to take part in clinical research.

**Other opportunities**

Psychiatrists often undertake research, which includes collaborating with colleagues in the UK and overseas, writing papers and presenting work at conferences. Research within this specialty, as is often the case, is subject to financial constraints. There is not always sufficient money to carry out all the necessary work.

There may also be opportunities to work in the private sector and overseas.

- Job market and vacancies

Expand / collapse

This section provides useful information about the availability of jobs, how to find vacancies and sources of further information.

Psychiatry is the fifth largest medical specialty in the UK. Consultant psychiatrists comprise 4.5% of the mental health workforce and 10.5% of the total NHS consultant workforce (Health and Social Care Information Centre, HSCIC 2014). Most areas of psychiatry have seen considerable growth in the consultant workforce in the last ten years, and general adult psychiatry (liaison psychiatry being a sub-specialty of this) is no exception. In 2003 there were 1604 general adult psychiatrists in post and by 2013 this had risen to 2204, showing a 37% growth. (CfWI analysis based on HSCIC, 2014).

52% of entrants to core psychiatry training in 2013 were women (HEE 2013). At present 41% of psychiatrists are women (HSCIC 2013).

54% of consultant psychiatrists specialise in adult general psychiatry (NB: there is currently no information available about numbers sub-specialising in liaison psychiatry).

At present there are 2314 full time equivalent consultant general adult psychiatrists in the UK (2015, HSCIC). [19]
The competition ratio to Core Psychiatry Training in 2016 was 1.50 (NHS Specialty Training, 2016 [20]).

In 2014 there was an in-depth review of the whole psychiatric workforce by the Centre for Workforce Intelligence (CfWI).

For information regarding Scotland, Wales and Northern Ireland please click on the links below.

NHS Scotland medical and dental workforce data
NHS Wales medical and dental workforce data [21]
Department of Health, Social Services and Public Safety workforce information for Northern Ireland [22]

Where to look for vacancies

Specialist liaison psychiatry training is open to those who may want to train flexibly on a less than full-time basis (LTFT) [23]. You can request and apply for this after you have been offered the job. Restrictions apply.

Recruitment into specialist psychiatry training (excluding Northern Ireland) is coordinated by the Health Education North West [24].

Registration and applications for psychiatry core and higher specialist training is online via Oriel [25].

Northern Ireland has its own recruitment process for psychiatry. For further details please visit the Northern Ireland Medical and Dental Training Agency [22] [26] website. [22]

- Further information

Expand / collapse

Organisations

British Medical Association [27]
General Medical Council [28]
Royal College of Psychiatrists [29]

Video case-studies

Short video about liaison psychiatry (CNWL NHS Foundation Trust) [30]

Other roles that may interest you

- General practice (GP) [31]
- Emergency medicine [32]
- Old age psychiatry [33]
- Experienced paramedic [34]